

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033505

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8936

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **ST. LOUIS, MO.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. LOUIS CITY HOSP. #1.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

918 Talmadge

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

KELLY

Middle

CARSON

Last

4. DATE OF DEATH

Month

Day

Year

8/31/63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 19, 1923

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

Earl Carson

13b. MOTHER'S MAIDEN NAME

Grace Huell

14. NAME OF HUSBAND OR WIFE

Mildred Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Arbie Carson 918 A Talmadge Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peripneumonitis & subhepatic

INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Diverticul ulcer - bleeding

DUE TO (c)

post operative

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

5410

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE ☐

THOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8/13/63** to **8/31/63** and last saw her alive on **8/31/63**
Death occurred at **10:00 P.** in on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Owen Holm M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

8/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Sept 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

Mo.

24. REMOVAL DIRECTOR

ADDRESS

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 5 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver Crumblin

Licensed Embalmer No. 5185

P. O. Address 1221 N Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.